## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

69740931

CLAIMS AS FILED - PART I (Column 1)						mn 2)	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	3/ minus 20=		• //		X\$ 9=	/	OR	X\$18=	198
IND	EPENDENT CL	AIMS	3 minus 3 =		0		X40=	1,	OR	X80=	0
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	0
***if the difference in column 1 is less than zero, e					"0" in c	olumn 2	TOTAL	2012 2000	OR	TOTAL	908
	CI	LAIMS AS A	MENDED - PAR		TII					OTHER	THAN
		(Column 1)	(Colum			(Column 3) SMALL		ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+135=		OR	+270=	
							TOTAL		OR	TOTAL	
	(Column 1) (Column 2) (Co					(Column 3)	ADDIT. FEE		,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	JETIPLE DEI	PENDENT	CLAIM		+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		mn 2)	(Column 3)	7,0077.1 02					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	l•	Minus	***			X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		+135=		OR	+270=	
	If the entry in colu	mn 1 is less than t	the entry in col	umn 2, write	e "0" in co	lumn 3.	TOTAL		1	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PTO/SB/06 (08-00)
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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9-13528-140US OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR (Column 2) SMALL ENTITY (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE **FEE** BASIC FEE 710 \$ (37 CFR 1.16(a)) OR TOTAL CLAIMS 31 minus 20 = 11 18 198 OR INDEPENDENT CLAIMS 3 minus 3 = 0 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) = OR \* If the difference in column 1 is less then zero, enter "0" in column 2 908 TOTAL TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Column 1) SMALL ENTITY (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT **AMENDMENT** RATE TIONAL TIONAL RATE **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total OR Minus (37 CFR 1.16(c)) OR Independent \*\*\* Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR (Column 1) ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL **AMENDMENT** RATE TIONAL **AFTER PREVIOUSLY EXTRA** FEE FEE MENDMENT PAID FOR OR Total Minus OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA FEE** FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.